

EXHIBIT D

PAYROLL STATUS CHANGE

EFFECTIVE DATE

3, 6, 00

NAME: NANCY DENARDIPAYROLL #: 100 ^{XMD}

NEW ADDRESS	STREET	FOR NEW EMPLOYEE ONLY	SOCIAL SECURITY NO.
	CITY, STATE, ZIP		DATE OF BIRTH
	TELEPHONE		

CHANGE	FROM (DOES NOT APPLY TO NEW EMPLOYEE)	TO
JOB		
DEPARTMENT		
SHIFT		
PAY	\$ 9.75	\$ 10.00

REASON FOR CHANGE

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> HIRED | <input type="checkbox"/> MERIT INCREASE | <input type="checkbox"/> LENGTH OF SERVICE INCREASE |
| <input type="checkbox"/> REHIRED | <input type="checkbox"/> RESIGNATION | <input type="checkbox"/> REEVALUATION OF CURRENT JOB |
| <input type="checkbox"/> PROMOTION | <input type="checkbox"/> RETIREMENT | <input checked="" type="checkbox"/> PROBATION PERIOD COMPLETED |
| <input type="checkbox"/> DEMOTION | <input type="checkbox"/> LAYOFF | <input type="checkbox"/> UNION CONTRACT |
| <input type="checkbox"/> TRANSFER | <input type="checkbox"/> DISCHARGE | <input type="checkbox"/> _____ |

COMMENTS, IF NECESSARY _____

LEAVE OF ABSENCE	CHARGED TO VACATION <input type="checkbox"/> YES <input type="checkbox"/> NO	FAMILY LEAVE ACT <input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER, EXPLAIN _____	
FROM / /		
TO / /		

AUTHORIZED BY _____

APPROVED BY N. Ramusser

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